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CLINICAL NOTES ILLUSTRATIVE OF CONSCIOUSNESS IN EPILEPSIA.

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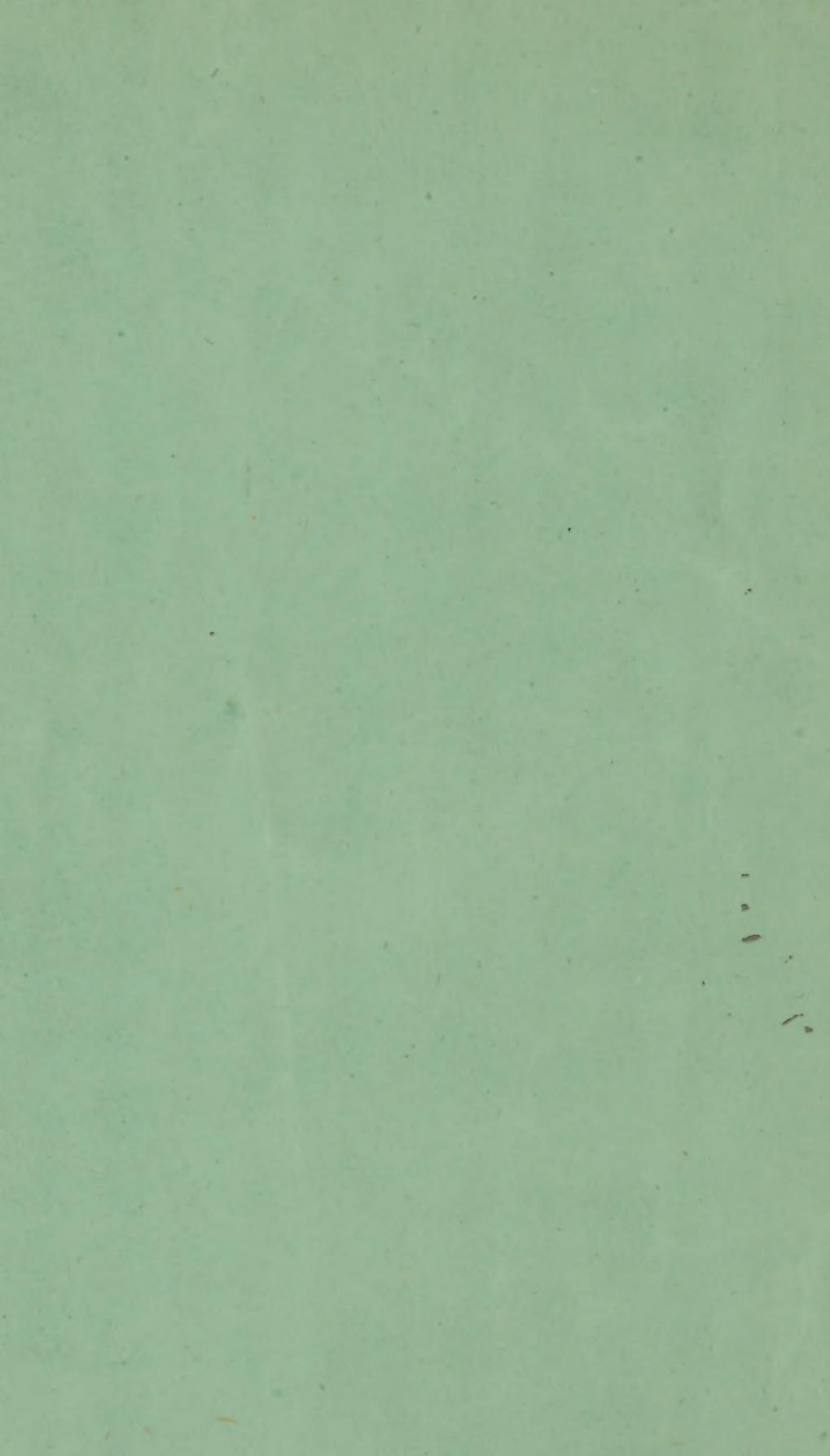
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Art. VIII.—Clinical Notes Illustrative of Consciousness in Epilepsia.

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ELIZA ELLEN C., aet. 12 years, had spasms in infancy, which often recurred throughout the period of dentition. Of late years she has had very pronounced epilepsia, the attacks of *grande mal* recurring about every fortnight, with frequent epileptoid seizures in the intervals.

This girl came under my medical care, February 1st, 1878, and, under vigorous treatment, speedily improved from a state of apparently helpless imbecility and untrustworthiness, after her paroxysms, to one of good average intelligence and reliability, so that the rest of her family could safely entrust her alone in the house, and permit her to go to school a part of each day. In the following August, after having been six months free from seizures, epileptoid paroxysms were displayed in evanescent attacks of psycho-motor paralysis, recurring every few days, of which the patient was wholly conscious, making "desperate" but fruitless mental efforts, "like one in a nightmare" (as she afterwards stated), to overcome her momentary immobility of limbs and tongue, and attract attention.

(This girl's mother died of consumption, at 41 years of age; her grandmother, of apoplexy; grandfather, of typhus fever; and one of her uncles was insane. Her father is temperate, has pursued various laborious occupations and appears healthy. He can give no more accurate record of the family history than that here given.)

A change in the form of bromides employed, conjoined with mild galvanism of the cervical sympathetic, caused these remains of the epilepsia to disappear; and the girl is now (March 10), though still under steady treatment, free from all reminders of her malady.

Theo. B., age 20, came under treatment in June of 1879, with *grande mal* without aura. His first seizure, in May, was caused by overwork in the harvest field and mental depression resulting from failure to get pay for his work. He has been free from all manifestations of the disease since July, 1880; had a paroxysm of conscious automatism about the first and a brief aphasic spell in the middle of September, 1880.

Annie R., aet. 29, school-teacher, has had spells in which, on feeling a sense of weight on the top of her head, she would fall down *but remained conscious*. Her left arm would at these times be convulsed; often, also, her eyelids. At other times, while teaching she has felt herself become motionless, her eyelids to close and would momentarily loose consciousness and, on coming to, would hear the scholars say: "Ah! look there, Miss R. is going to sleep," recalling the lately registered impression of this exclamation on her auditory centers. Her sister has spells of vertigo—falls down unconscious; and her father had, in his life time, occasional attacks of *epilepsia gravior*. After some of her spells she has headache and is stupid. Three years before she came under my observation the reflected irritation of an ulcerated and prolapsed *os uteri* increased the number and intensity of her attacks. A vigorous specific treatment for epilepsia caused all evidences of her disease to disappear; and, without asking my advice, the patient moved to a distant State and married.

The clearly recognized connection of these milder symptoms, with marked evidences of the graver malady and the fact that a bromide plan of treatment was successfully employed in all of them must silence all cavil as to their epileptic character. While unconsciousness, in *petite mal*,

is the rule, there are, certainly, numerous exceptions, and these exceptions are altogether too frequent and too certainly demonstrable to permit of the dogmatic assertion, that, when there is not unconsciousness, there can be no epilepsy. The unilateral epilepsias and the spinal epilepsias are, themselves, convincing confirmations of the truth that consciousness is not the *sinc qua non* of the *status epilepticus*.

The cases we give are recent, and the "doubting Thomases" may place their mental digits in the holes which clinical facts make in their fanciful formularies of true epilepsy. Had we time, we might pile Pelion upon Ossa, and Ossa upon Olympus, until the proof would rise so high that the most imperfectly-visioned might discern it.

Everyone, familiar with all the phases of epilepsy, knows how common, under judicious treatment, are these abortive features. These abortive displays, under treatment, are as well entitled to a place among the varieties as those modifications which appear without medical modification; like the following:

Hattie B., aged 24 years, about the time of her catamenia, has frequently recurring momentary spells of speechlessness, during which she hears people about her talking, and can repeat what they have said, and has excessive downward irritation of the chorda tympani nerve and salivation. Preceding these spells, a peculiar sensation is experienced in her fingers. At the time of these spells, an impulse prompts her to sit down. About once a year she has very bad spells, in which she falls down and knows nothing. She had spasms in infancy and early childhood, and later, at about 12 years of age, she had a series of violent seizures, which were accompanied with falling and unconsciousness. These ceased to recur more frequently than about once a year.

Hattie's mother used to have frequent dizzy spells, and an aunt had "falling fits." Hattie is a domestic, and these abortive attacks come on her while about her work, but, being determined, she does not always lose consciousness.

Other clinical confirmations of epileptoid disease without unconsciousness have been recorded by us (*vide ALIENIST AND NEUROLOGIST*, April, 1880,) and others still might be here enumerated from our own experience, but the testimony would be needlessly cumulative. The recognized and conceded automatism of certain undoubted epileptics in which there is every appearance of a consciousness sometimes, though exceptionally, quite complete, coupled with a psycho-motor excitation and consequent impulsion to travel or perform accustomed, as well as unaccustomed journeys and acts, should, even without the proofs here given, dispel that incredulity which has led some to deny the possibility of consciousness in epileptic states. The idea of unvarying loss of consciousness should take its place with that ancient and exploded, but once thoroughly accredited falacy, which gave to this malady the name of *Morbus Sacer*.

A more or less prolonged state of central non-impressibility to excitation—a delayed periperal mental activity

tardy response to impressions which, ordinarily, promptly excite the ideational centers of the cortex into action—one or all together, characterize epileptic seizures.

When only the latter state exists, the patient may be a mute spectator, as in epileptic aphasia, and in a manner conscious, of the crippled state of his ideo-motor centers.



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C. H. HUGHES, M. D.,

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